

MISSOURI DEPARTMENT OF REVENUE DIVISION OF TAXATION AND COLLECTION PO BOX 3320, JEFFERSON CITY, MO 65105-3320

TOBACCO PRODUCTS — OTHER THAN CIGARETTES TAX-PAID PURCHASES FROM MISSOURI LICENSED WHOLESALERS — SCHEDULE F

FORM		
17Q1		
4131	PAGE	
4791 (REV. 12-2003)	-	OF

COMPANY	LICENSE NO.	MONTH/YEAR	

VOICE DATE	INVOICE NUMBER	FROM WHOM PURCHASED	ADDRESS (CITY, STATE, ZIP)	MANUFACTURER'S INVOICE PRIC (BEFORE DISCOUNTS AND/OR DEA
				\$

If you have questions or need assistance in completing this form, please call (573) 751-5772 or email excise@mail.dor.mo.gov. You may also obtain this form from the department's web site at: www.dor.mo.gov/tax/business/excise/tobacco/forms/. TDD (800) 735-2966

FORM 4791					PAGE 2
Enter total from page 1			\$		
INVOICE DATE	INVOICE NUMBER	FROM WHOM PURCHASED	ADDRESS (CITY, STATE, ZIP)	MANUFACTURER'S INVOICE PRIC (BEFORE DISCOUNTS AND/OR DEAL	
				\$	
	I	1			

\$

Enter total on Line 2 on Form 4341